

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) MeidasTouch		FEC IDENTIFICATION NUMBER ▼ C C00746073	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>M M M / D D D / Y Y Y Y Y Y</div> <div></div> <div></div> </div>	

Full Name of Payee Envato Marketplace			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2020		
Mailing Address 1038 Princeton Dr Ste A			Amount 160.00		
City Marina Del Rey	State CA	Zip Code 90292-6680	Transaction ID : 500002114		
Purpose of Expenditure Music Licensing		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2020		
Name of Federal Candidate HARRISON, JAIME, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify)		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify)		

Full Name of Payee J & Z Strategies			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2020		
Mailing Address 5419 Hollywood Blvd Ste C135			Amount 100000.00		
City Los Angeles	State CA	Zip Code 90027-3480	Transaction ID : 500001950		
Purpose of Expenditure TV Ad Buy		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2020		
Name of Federal Candidate HARRISON, JAIME, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify)		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify)		

(a) SUBTOTAL of Itemized Independent Expenditures.....	100160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	100160.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Adam, ,

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2020

Signature